

output of physicians by our medical schools be doubled by 1980. I think that we have accomplished this, so we no longer need to rob foreign countries of their young doctors. However, most of the increase here will stay in the big cities—too bad!

Congratulations on the expansion of THE WESTERN JOURNAL OF MEDICINE.

WALTER C. BORNEMEIER, MD
Past President
American Medical Association
Saratoga, California

A Physician's Assistant Responds

TO THE EDITOR: In the December issue is a letter by Dr. Frank Z. Reade discussing physician's assistants.

Dr. Reade states that some physician's assistants give the impression to patients that they are doctors, yet the law which regulates physician's assistants plainly states that each patient who is seen by a physician's assistant must sign a consent form that states the patient realizes he is being seen by a physician's assistant. Also, the law states that a physician's assistant must wear an identification badge stating the assistant's name and the title "Assistant to the Primary Care Physician," when rendering medical services.

It is against the law for a physician's assistant to call himself a doctor. It is also against the law for persons who have not finished an approved program to call themselves physician's assistants. If Dr. Reade has come in contact with some of these persons, I suggest that he report the incidents to the California Board of Medical Quality Assurance.

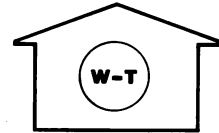
Concerning malpractice, a member of the Physician's Assistant Examining Committee of the Board of Medical Quality Assurance informed me that there have been no cases of malpractice brought against physician's assistants in the state of California.

The use of properly supervised physician's assistants is a way in which doctors can increase the quality of health care and increase the number of patients served. And no one is more interested in maintaining the integrity of this new profession than are physician's assistants themselves. We are interested in informing doctors and the public about the laws governing physician's assistants and the value they have.

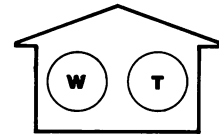
JAMES HANKS III, PA-C

The House of Medicine

TO THE EDITOR: Once upon a time doctors cared for patients and also taught their colleagues and students. Some worked well and some worked badly. Some taught well and others taught badly. But all had a duty both to work with patients and to teach. The house of medicine, thus, was one. Let us illustrate this schematically:

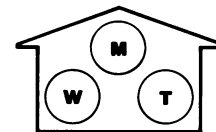


Medicine being a conservative profession, this edifice persisted over the centuries virtually unchanged. That is, until the dawn of the 1900's when a few doctors split away from their working colleagues. They began to teach a lot more than they worked with patients. These men so impressed a certain Mr. Abraham Flexner that he launched a crusade to institutionalize their existence. Thus was academic medicine born. And thus the house of medicine came to know two inhabitants:



Over the years, these working doctors and teaching doctors lived in more-or-less peaceful coexistence in their respective towns and gowns. But then a stranger appeared. Lacking in personality, he became known as the third party, and he paraded in a multitude of guises. Strangely, he was not always welcome. Strange because he sought only to transfer money into the coffers of the house of medicine.

Painfully aware was this third party that he was not a physician himself. Yet he took his own work seriously. Honesty compelled that measurements involving the transfer of his money be made. Thus was the *measuring* doctor, the steward of the third party's funds, born; a doctor, because only doctors know how to measure what doctors do. So now the house of medicine knew three:



The third party grew stronger and richer. He transferred more and more funds. And he demanded ever more measurements. Soon it became